

MONITORING REPORT ADULT DAY CARE AND ADULT DAY HEALTH
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DATE OF VISIT: _____

I. PROGRAM: _____ COUNTY: _____

II. TYPE OF VISIT: () Announced () Unannounced TIME OF VISIT: _____

III. ENROLLMENT: # Full-time ____ # Part-Time ____ Month Reviewed _____

ATTENDANCE: # Participants at time of visit ____ # of Staff _____

IV. CONCERNS FROM PREVIOUS VISIT: _____

Have these concerns been resolved? () YES () NO (If no, complete DSS Form 6215)

V. AREA REVIEWED:

Program Activities [10A NCAC 06R .0501 and 06S .0401 – <u>Standards</u> , Pages 19-23]

Yes No

- () () Individual service plans developed, including necessary information and involving appropriate persons, initiated at enrollment and reviewed at regular intervals.
- () () Changes in behavior, attitude, and problems and needs for help are reported to appropriate person.
- () () Participants or responsible party involved in selecting days to attend.
- () () Participant absences checked out at least by phone on date of scheduled attendance.
- () () Participants sign out when leaving program during day, or whoever is responsible for participant is contacted before participant leaves facility. Contact is documented in participant's record if participant leaves with someone other than caregiver.
- () () Program plan meets the following criteria:
- ☐ Based on elements of individual service plans;
 - ☐ Primary program mode is group process, provision made for individual activities and services;
 - ☐ Activities are consistent with program goals;
 - ☐ Activities are planned jointly by staff and participants;
 - ☐ All activities are supervised by staff;
 - ☐ Participants have choice of refusing to participate on any given activity.
- () () Program plan provides for the following activities to be available on daily basis:
- | | |
|-------------------------|------------------------|
| ____ Diversional | ____ Educational |
| ____ Social | ____ Volunteer Service |
| ____ Program assistance | |

Continued on Back

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes or No. If no, provide explanation.

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Program Activities (Continued)

Yes No

- () () Program plan provides balance of activities designed to:
- ☐ Improve the capacity for self-care and personal hygiene, increased self-worth and dignity.
 - ☐ Improve social and interactional skills.
 - ☐ Provide opportunities for social and community activities to promote creative use of leisure time.
 - ☐ Improve capacity for independence.
- () () The program plan is in writing and specifies the following:
- ☐ Name, days of week, and approximate length of time of each activity.
 - ☐ Length of time the plan is to be followed.
- () () Schedule of activities is posted weekly or monthly, listing planned activities by date.
- () () Physical activity is encouraged.
- () () Outings are scheduled as often as possible.
- () () Staff are encouraged to explore and use community resources.
- () () Community services and resources used to extent possible by participants as part of program.

VI. COMMENTS/CONCERNS _____

Attach an additional sheet if needed

VII. PROGRAM DIRECTOR'S COMMENTS _____

VIII. Continued by () DSS-6215 (____ # of forms)

IX. Signatures:

Coordinator

Date

Program Director

Date

Make copies for DSS file; Program Director, and State Adult Day Services Consultant.

DAAS-6214 (9-05)

Check Yes or No. If no, provide explanation.